

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10586046
	Filing Date	2006-07-14
	First Named Inventor	Ron Kimmel
	Art Unit	2624
	Examiner Name	CHAWAN
	Attorney Docket Number	KIMMEL1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 01444

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 01444

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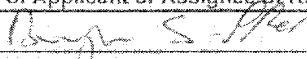

<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature				 BENJAMIN SOFFER
Name	Technion Research and Foundation Ltd			Technology Transfer Office, Manager
Date	3.12.09	Telephone	Technion Research and Development Foundation Ltd	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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